EXHIBIT A

LINE 05/09/16 @ CASE INFO; COMPLAINT; ISSUED SUM & 4 CPY; F FEE; RCPT 540112; \$200,00 \$200,00 05/23/16 @ LET FR SS DID 5/11/16; SUM W/RET (5/17/16 SS) AS TO 05/23/16 05/31/16 DATE ACTION LET FR SS DTD 5/11/16; SUM W/RET (5/17/16 SS) AS TO HEALTHPORT TECH LET FR SS DTD 5/11/16; SUM W/RET (5/17/16 SS) AS TO /11/16: SUM W/RET (5/17/16 SS) AS TO HERBERT IAL HOSPITAL ASSOCIATION /18/16: SUM W/RET_*5/18/16 SS) AS TO HERBERT

British British